

OFFICE USE ONLY	,					
Date Received:		Zon	e: IN ZONE	OUT OF ZONE	Enrolment Number: 23/	
STUDENT INFORMATION						
Legal Surname				Preferred Surname		
Legal First Name				Preferred First Name		
Date of Birth				Gender	Male Female	
Ethnicities (list in order	of priority)					
If NZ Māori, please st	ate First Iwi			Second Iwi (if relevant)		
Main language spoken at home			NZ Resident/ Citizenship	YES NO		
Siblings attending Ked	dgley					
Previous School				Level enrolling for	☐ Yr 7 ☐ Yr 8	
Student living with	Mother	and Father	Mother	Fath	er Caregiver	
1st PRIMARY F	PARENT/C	AREGIVER	INFORMATI	ON		
Surname				Title	Mr Mrs Ms Miss	
First Name				Relationship to student		
Address				Home Phone		
Mobile Number				Work Phone		
Email Address				Occupation		
2nd PRIMARY	PARENT/C	CAREGIVER	R INFORMAT	TON		
Surname				Title	Mr Mrs Ms Miss	
First Name				Relationship to student		
Address				Home Phone		
Mobile Number				Work Phone		
Email Address				Occupation		

EMERGENCY CONTACT 1 (Not parent or caregiver) In event of an emergency if primary parent/caregiver not available							
Surname			First Name				
Mobile Number				Home Phone			
Work Phone			Relationship to student				
EMERGENCY C	ONTACT 2	(Not parent	or caregiver)				
Surname				First Name			
Mobile Number			Home Phone				
Work Phone			Relationship to student				
CUSTODIAL INFORMATION (If Yes, attach information or documentation as necessary)							
Custody Arrangements		YES	NO				
Access Restrictions		YES	□NO				
Court Order		YES	□NO				
HEALTH INFOR	MATION						
Any health concerns?		YES	NO	Condition			
Medication held at school		YES	NO	Medication Name			
Consents	I give permission for the school to administer medication given by the parent/caregiver  I give permission to my child's hearing and vision being tested  I give permission for the school to administer Panadol if necessary  I give permission for the school to use Ventolin in case of an asthma emergency.						
Allergies	Mild	Moderat	e Severe	Detail of allergies			
Any other concerns?							
SPECIAL AGENCIES THAT HAVE SUPPORTED YOUR CHILD (Please tick the current educational support service/s your child receives from the Ministry of Education)							
☐ ICS: In-Class Support ☐ ESOL: English for Speakers of Other Languages			uages		Resourcing Scheme		

SCHOOL LUNCHES						
Please indicate what type of lunch you would like your child to get	Standard Meal	Halal Veget	arian No Pork/No Beef			
Does your child have any food allergies?	YES NO	If yes, please detail				
CYBER SAFETY AGREEMENT						
The purpose of this agreement is to ensure the safety or all users of Kedgley Intermediate School network. Please read this page carefully to check you understand your responsibilities in this agreement and sign the appropriate sections on this form.						
As a student of Kedgley Intermediate School and a member of our learning community, I will contribute to making our school a safe, respectful and fair space both on and offline. I will act in a way that displays our school values - respect, kindness, resilience, leadership and service - to shape a positive online culture and be a responsible KIS digital citizen.						
As a KIS Digital Citizen, I understand that:  My KIS Google account and password are private and are not to be shared with other students.  I will be held responsible for any and all activity on my account.  I will only log on to devices and websites with my account.  Chromebooks, iPads and any other IT equipment that belongs to KIS are used for educational purposes only.  I must not, at any time, use my school account, the Internet or any other IT equipment to harass, bully, mock, threaten, plagiarise, cheat, etc.  I will not view, send or download any inappropriate, offensive, dangerous or illegal material.  If I come across such material by accident, I will immediately notify my teacher without showing material to other students.  I will report offensive and inappropriate activities by other students on y teacher immediately.  I will not attempt to access blocked sites and will not attempt to bypass any security, monitoring or filtering systems.  Any videoing, photography or voice recording will be made for learning purposes only and with my teacher's permission.  I will ask those I wish to film, photograph or record for their permission before I do so.  I will only go on my device or access the Internet at school when a teacher gives permission and an adult is present.  I agree that:  KIS has access to all student accounts and reserves the right to check work or data related to accounts or devices  KIS's school cyber safety rules apply to any IT equipment brought to school such as a Chromebook or mobile phone.  I will treat all school equipment/devices with respect and care.						
STUDENT DECLARATION						
=	esult in my access to the IT reso	ources at Kedgley Intern	ate School Cyber Safety Agreement. I agree nediate being withdrawn. If I break this for my actions.			
Student Signature:			Date:			
PARENT/CAREGIVER DECLARATION						
that any breach of the rules and cor disciplinary action. I understand tha	nditions as set out in this agreer It if my child loses or damages on he school will take appropriate	ment can lead to my chi equipment, it could resu measures to limit acces	derstands his/her obligations. I understand ild's losing privileges or being subjected to ult in a bill for the cost of replacement parts so to illegal, dangerous or inappropriate involvement with such material.			

Date: \_\_\_\_\_

Parent/Caregiver Signature: \_\_\_\_\_

DECLARATION				
Privacy Statement				
<ul> <li>School collects the information on this form to:         <ul> <li>enrol your child at school</li> <li>assess the educational needs of your child</li> <li>ensure the school gets the correct resources from the Ministry of Education for your child</li> </ul> </li> </ul>				
The school collects and uses your child's information in accordance with the Privacy Act. The school sends some of your child's information to the Ministry of Education and other education and health agencies. The school will not provide your child's information to any other people or organisation without your authorisation, except in accordance with the Privacy Act.				
<ul> <li>I have read and understood the privacy statement as above.</li> <li>I give permission for my child's name, image and school work to be displayed and published where appropriate e.g newsletter, school website, social media, classroom displays, school promotion, etc.</li> </ul>				
By signing this form, I declare that all information provided in this enrolment application form is true and correct, and that it is my responsibility to make sure all information is kept up to date.				
Parent/Caregiver Name:				
Parent/Caregiver Signature: Date:				
DOCUMENTATION				
Please ensure the following documents are attached to support your child's enrolment.				
NZ Birth Certificate or NZ Passport				
Recent Proof of Address (ie Phone Bill, Electricity Bill, Rates Bill)				
Custody Papers (if required)				
For non-New Zealand born students, foreign passport showing residency or Child and Parent(s) passports with student and work visas				